



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$50492384
Outpatient Patient Service Revenue	\$163524660
Total Gross Patient Service Revenue	\$214017044

2. Deductions From Revenue

Contractual Allowance	\$139472755
Other Deductions	\$0
Total Deductions	\$139472755

3. Total Operating Revenue

Net Patient Service Revenue	\$74544289
Other Operating Revenue	\$68142416
Total Operating Revenue	\$142686705

4. Operating Expenses

Salaries and Wages	\$14852747	Employee Benefits	\$4937188
Depreciation and Amortization	\$1370934	Interest Expense	\$4547
Bad Debt	\$12645677	Other Expenses	\$37340260
Total Operating Expenses	\$71151353		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9636740	Total Assets	\$39986764
Net Non-operating Gains over Loss	\$-8403	Total Liabilities	\$10799110

Total Net Gains	\$9628337
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$97881576	\$77448165	\$20433411
Medicaid	\$16837300	\$13292257	\$3545043
Other Government	\$0	\$0	\$0
Other State	\$21579930	\$17476371	\$4103559
Other Payers	\$77718238	\$31255962	\$46462276
Total	\$214017044	\$139472755	\$74544289

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$15387	\$-15387

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$2514	\$14833	\$-12319

Number of Medical Professionals Trained	25
Number of Hospital Patients Educated	83002
Number of Citizens Exposed to Health Education Messages	28614

Statement Six: Charity Statement

Hospital Charity Charges	\$5394029
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$880926	
HCI Payments	\$0		
Subtotal	\$0	\$880926	\$-880926
Medicaid Shortfalls	\$7648602	\$9711421	
Subtotal	\$7648602	\$10592347	\$-2943745
DSH Payments	\$0		
Subtotal	\$7648602	\$10592347	\$-2943745
Medicare Shortfalls	\$20433410	\$15985530	
Other Government Programs	\$0	\$0	
Total	\$28082012	\$26577877	\$1504135

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$58650	\$-58650
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$133928	\$-133928

Comments

The count of patients served include all inpatient and outpatient encounters and captures repeat visits by the same person. The Citizens educated number excludes repeat visits.

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